



Supplemental Application Data Sheet

Application Information

Application Number:: 10/549,252
Filing Date:: September 13, 2005
Application Type:: Utility
Subject Matter::
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?::
Number of CD disks::
Number of copies of CDs::
Sequence submission?::
Title:: A Method for In Vitro Detection of Malignant Potential of Cysplastia Dysplasia and Artificial Nucleotide Sequences Used Therein
Attorney Docket Number:: CNL-700.01
Request for Early Publication?:: NO
Request for Non-Publication?:: NO
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 5
Small Entity::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?::

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: China
Status:: Full Capacity
Given Name:: Hua
Middle Name::

Family Name:: BAI
Name Suffix::
City of Residence:: Beijing
State or Province of Residence::
Country of Residence:: P.R. China
Street of mailing address:: Da-Hong-Luo-Chang Street #1
Xicheng District
City of mailing address:: Beijing
State or Province of mailing address::
Country of mailing address:: P.R. China
Postal or Zip Code of mailing address:: 100034

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: China
Status:: Full Capacity
Given Name:: Yu
Middle Name::
Family Name:: SUN
Name Suffix::
City of Residence:: Beijing
State or Province of Residence::
Country of Residence:: P.R. China
Street of mailing address:: Department of Pathology
Beijing Cancer Hospital
Fu-Cheng-Lu #52, Haidian District
City of mailing address:: Beijing
State or Province of mailing address::
Country of mailing address:: P.R. China
Postal or Zip Code of mailing address:: 100036

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: China
Status:: Full Capacity
Given Name:: Jing
Middle Name::
Family Name:: ZHOU
Name Suffix::
City of Residence:: Beijing
State or Province of Residence::
Country of Residence:: P.R. China
Street of mailing address:: Da-Hong-Luo-Chang Street #1
Xicheng District
City of mailing address:: Beijing
State or Province of mailing address::
Country of mailing address:: P.R. China
Postal or Zip Code of mailing address:: 100034

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: China
Status:: Full Capacity
Given Name:: Jiyou
Middle Name::
Family Name:: LI
Name Suffix::
City of Residence:: Beijing
State or Province of Residence::
Country of Residence:: P.R. China
Street of mailing address:: Department of Pathology
Beijing Cancer Hospital
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Fu-Cheng-Lu #52, Haidian District

City of mailing address:: Beijing

State or Province of mailing address::

Country of mailing address:: P.R. China

Postal or Zip Code of mailing address:: 100036

Applicant Information

Applicant Authority type:: Inventor

Primary Citizenship Country:: China

Status:: Full Capacity

Given Name:: Dajun

Middle Name::

Family Name:: DENG

Name Suffix::

City of Residence:: Beijing

State or Province of Residence::

Country of Residence:: P.R. China

Street of mailing address:: Apt#4-1101, Apartment Building

Fu-Cheng-Lu #52, Haidian District

City of mailing address:: Beijing

State or Province of mailing address::

Country of mailing address:: P.R. China

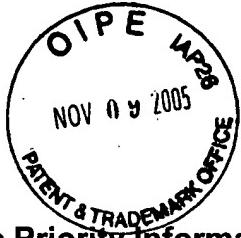
Postal or Zip Code of mailing address:: 100036

Correspondence Information

Correspondence Customer Number:: 25181

Representative Information

Representative Customer Number::	25181
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application is a	National Stage of	PCCT/CN2003/000180	March 13, 2003

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::